

EEO COUNSELOR APPLICATION

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Applicants Name: _____ SSN: _____

Organization and Address: _____

Duty Location: _____

Work Phone: _____ Commercial Fax #: _____

EMAIL: _____

Job Title/Series/Grade: _____

DEROS: _____

Please answer the following questions.
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Why do you want to become an EEO Counselor?

What do you expect to gain by being a counselor?

What talents will you bring to your counseling experience?

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Describe any experience in EEO.

An EEO Counselor must possess both oral and written communication skills. Please provide examples of how you have demonstrated your effectiveness in these skills.

If selected as an EEO Counselor you may be assigned a complaint in an activity or organization not located where you presently work but within the Bamberg community. Would this be a problem? (If yes, please explain)

Supervisor's Name: _____ Phone: _____

Supervisor's Signature: _____ Date: _____

Thank you for your interest in the Equal Employment Opportunity Program!